



NOTES

HAIR-RELATED DISEASES

GENERALLY, WHAT ARE THEY?

PATHOLOGY & CAUSES

- Conditions affecting either total number of hairs/thickness of hair on body
- Scalp most commonly affected

DIAGNOSIS

- See individual diseases

SIGNS & SYMPTOMS

- See individual diseases

TREATMENT

- See individual diseases

ALOPECIA AREATA

osms.it/alopecia-areata

PATHOLOGY & CAUSES

- Chronic localized hair loss, generally on scalp; autoimmune-related
- May occur at any age, but > 30 years old in most cases; lifetime prevalence 2%

CAUSES

- Exact mechanism unclear; hypothesized
 - T cells release cytokines, chemokines → normal hair cycle disrupted → hair loss
- Spontaneous regrowth of hair possible, often within one year

RISK FACTORS

- Genetic
 - Close family members, history of autoimmune conditions

SIGNS & SYMPTOMS

- Usually smooth, circular patches of hair loss, but can be any shape
- Can be accompanied by nail changes
 - Nail pitting, roughening/longitudinal fissuring of nail plate
- Associated with other autoimmune conditions
 - Psoriasis, vitiligo, thyroid disease

DIAGNOSIS

LAB RESULTS

- Biopsy (unclear cases)
 - Peribulbar lymphocytic inflammatory infiltrates characteristic
 - Follicular edema, cellular necrosis, microvesiculation, pigment incontinence

VISIT...

LANZAROTE
Caliente.COM

OTHER DIAGNOSTICS

- Based on timeline of events, physical examination (exclamation point hairs)
 - Short, broken hairs around area of hair loss
 - Narrower proximal than distal end
 - Dermatoscope may make hairs easier to spot

TREATMENT

- Treatment unreliable, temporary; no cure

MEDICATIONS

- Intralesional steroid injections of triamcinolone acetonide
- Topical agents including 5% minoxidil solution/topical steroids



Figure 4.1 The clinical appearance of the scalp in a case of alopecia areata.

TELOGEN EFFLUVIUM

osms.it/telogen-effluvium

PATHOLOGY & CAUSES

- Periodic episodes of increased hair thinning/shedding due to altered follicle growth cycle
 - Occurs during follicles' telogen (resting) phase

CAUSES

- May be related to
 - Recent stressor (e.g. major illness/surgery)
 - Drugs/toxins
 - Nutritional deficiencies

SIGNS & SYMPTOMS

- Non-scarring, diffuse < 50% hair loss
- Nail changes
 - Deep grooved lines running from side to side may be present

DIAGNOSIS

OTHER DIAGNOSTICS

- Determine timeline of stressors, recent events, drug/medication usage, course/characteristics of hair loss
- Hair-pull test
 - Grasp 50–60 hairs → tug lightly
 - If > 6–10 hairs extracted, test = positive
 - Telogen hairs confirmed by microscopic examination

TREATMENT

- Sometimes self-correcting

OTHER INTERVENTIONS

- Reduce stressors, improve diet, handle hair carefully



Figure 4.2 The clinical appearance of the nails in a case of telogen effluvium.